

**The CHANGE Project
FY00 SEMI-ANNUAL REPORT
April 1, 2000 - September 30, 2000**

The CHANGE Project is supported by the United States Agency for International Development (USAID) under Cooperative Agreement NO. HRN-A-00-98-00044-00. The Project is managed by the Academy for Educational Development, in partnership with the Manoff Group.

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This semi-annual report covers the period April 1 – September 30, 2000, completing the second year of operation for the CHANGE Project.

Highlights

During this period, The CHANGE Project went through a significant process of growth and change:

- Dana Faulkner, CHANGE project director since the start of the project, announced early in the period that she would need to step down from her responsibilities for personal reasons. She has, however, continued as a member of the team, managing key tasks such as CHANGE's work on GAVI and SIGN. In June, Susan Zimicki, who had been the project's research director, and Anton Schneider, who was recruited from outside the project, replaced Dana as co-directors of the project. The decision to name co-directors was made to provide both continuity and change in project leadership and to take advantage of the complementary skills of these two individuals.
- Project activities expanded, with HIV/AIDS becoming an increasingly important facet of CHANGE's work.
- CHANGE continued its leadership role in new global initiatives on new vaccine introduction, injection safety, and involvement of social scientists in malaria research and control.
- In support of the September, 2001 Special Session on Children at the UN, CHANGE helped to bring together partners to form the U.S. Coalition for Child Survival.
- CHANGE collaborated with the Rockefeller Foundation and others to plan a "Communications Summit" scheduled to be held in Bellagio, Italy in October 2000.
- CHANGE participated in an UNAIDS-sponsored workshop on Behavior and Social Change which was held in Geneva, Switzerland in July 2000, helping to refine an HIV/AIDS Communication Framework.
- During this period, CHANGE continued field applications and added several new ones:
 - Following pretesting in Zimbabwe and Malawi, CHANGE revised and distributed a the community surveillance kit;
 - Working with the MOST Project in Uganda, CHANGE assisted in the development of a communication plan for vitamin A in that country;
 - Collaboration with MOST/Nicaragua continued to support that country's micronutrient behavior-change strategy;
 - CHANGE continued to work at both the national and community levels in the Dominican Republic to develop an integrated behavior-change strategy for dengue control and to apply this at the local level;
 - CHANGE continued to develop partnerships with BASICS, Save the Children, CARE, JSI/Egypt, and the Africa Bureau.

CHANGE Project activities for this period are described in more detail in the following sections, organized by USAID strategic objectives, starting with globally focused then country specific activities.

SO 1: Reproductive Health

Jamaica Adolescent Reproductive Health

CHANGE received field support from the USAID field mission in Jamaica to conduct an in-depth analysis of reproductive health behaviors among adolescents, identify barriers to adolescent reproductive health, and determine a few key areas for application of innovative behavior change approaches.

CHANGE activities in Jamaica are carefully coordinated with a large, five-year bilateral Adolescent Health Project, which was awarded this quarter to the FUTURES Group. In February 2000, CHANGE Deputy Director Julia Rosenbaum and CHANGE consultant Melody Trott traveled to Jamaica to participate in the launch of the Adolescent Health Project and to discuss the parameters of the new CHANGE activity with USAID/Kingston, ARH and other partners in the Mission's Strategic Objective.

Based on meetings during that visit and subsequent discussions in Washington, it was recommended that CHANGE and its Jamaican partners utilize an innovative "assets-based" approach to project development and subsequent activities. This approach, also referred to as "positive deviance" or a "resiliency approach," identifies "typical" teens who are currently practicing the ideal behavior, and through systematic investigation identifies factors and mechanisms to promote these same practices within the communities where these teens live. It builds on existing resources to develop feasible and sustainable approaches to behavior change. In this case, the resilient teen or "positive deviant" is the non-pregnant teen who is either postponing sex or contracepting. The objective is to identify a few key factors that allow these otherwise "typical teens" to thrive, and then to incorporate those factors into a community-based intervention.

To support the development of the intervention, CHANGE conducted a brief review of relevant literature on adolescent reproductive health in Jamaica and the region to identify key factors influencing risk and protective behaviors. Entitled "Literature Review on Adolescent Sexual Risk-taking and Protective Behavior in Jamaica" (May 2000), the review is packaged as part of a resource packet. The packet also includes excerpts from *Looking for Reasons Why: Antecedents of Risk and Protective Behaviors* (Kirby, National Campaign to Prevent Teen Pregnancy, 1999) and *What the Experts Have to Say about Implementing Teen Reproductive Health Activities* (AED, 1997). The findings of the literature review were applied to the assets-based research activity, as well as disseminated to others in the field.

CHANGE also supported the completion of the MOH re-analysis of the Jamaica data set from the Caribbean Adolescent Risk Survey. This re-analysis examined protective factors associated with reduced risk-taking (sexual activity, drug and alcohol use, violence and suicide). The findings, which will be presented at a multi-sectoral adolescent health meeting to be held in early January 2001, will provide the first example of a resiliency approach to adolescent health policy and planning.

Much of CHANGE Project effort during this period was spent on solidifying agreements with the Ministry of Health and identifying Jamaican counterparts for the research and intervention activities. Possible NGO counterparts were identified, and CHANGE Project Deputy Director Julia Rosenbaum and consultant Melody Trott made site visits to meet with staff and observe project activities in order to select the most appropriate partners.

The following activities were carried out during this reporting period:

- Basic program design written and shared with key counterparts, outlining three distinct phases: formative research; strategy and intervention design and implementation, and evaluation of activities (a full draft program plan and timeline are found in the May 2000 report);
- Agreement reached between MOH, USAID, CHANGE and ARH staff on key design issues such as basic approach, geographic priorities for intervention, timeline, etc.;
- Criteria developed for a local partner who could implement the activity;
- Identification of potential NGO partners identified through discussion with a number of key informants;
- Visits to a number of non-governmental organizations (NGOs) that are potential counterparts;
- Field visit to the most likely candidate organization, as well as to the parish MOH health department;
- Initial design of the qualitative research strategy; and
- Initiation of a search for local research organizations and/or individuals that might carry out the research piece of the activity.

CHANGE supported MOH Adolescent Health Coordinator Dr. Kim Scott-Fisher and a CHANGE consultant to complete a resiliency analysis of the Jamaica data from the Caribbean Adolescent Health Survey to identify protective factors associated with reduced violence, sexual activity, drinking and drug use. The research not only provided valuable data for program planning, but also illustrated the utility of a resiliency approach in program planning.

SO2: Maternal Health

Overview of Strategy & Activities

Except on a small scale, few programs in poor countries have made a significant impact on reducing maternal mortality. Skills and technology to do so exist, but few programs have been able to marshal the needed political will and to effectively address the many key behavioral

issues. During this reporting period, CHANGE continued conceptual development (via research and meetings) in priority behavioral areas on which the project hopes to focus. These include:

a) Negotiating Improvements in Health Services and Their Utilization. Achieving an impact on maternal health and survival depends on contacts between mothers and health services during pregnancy, delivery, and post-partum. While there is clearly a need in most settings to improve service quality, as defined by the medical profession, an equally important barrier to improvements in maternal health and survival is low utilization of available services. In addition to many other barriers to timely and appropriate service utilization (lack of perception of need, difficult physical access to services, monetary expenses, mothers' lack of decision-making power, cultural preferences for traditional providers, etc.), health services themselves often constitute a major barrier because of long waiting times, inconvenient hours and locations, official and unofficial charges, providers' lack of respect and empathy, providers' minimal and poor communication with clients, lack of privacy, and lack of accommodation to strong cultural beliefs (such as room temperature, traditional treatment of the placenta).

CHANGE would like to develop and test a package of tools to reduce these service-related barriers to appropriate utilization. CHANGE hopes to refine a process through which a facilitator can guide communities and health facility staff through a process of humanizing and building respect for each other, agreeing on ground rules for working together, developing a joint vision for improving public health, understanding each others' history and world views, defining and then sharing their views on the other party and perceptions and interactions, establishing a joint committee to negotiate easy changes in service organization and norms and public utilization, and agreeing on mechanisms for joint monitoring and ongoing negotiation of more difficult issues.

b) Behaviors related to Care-Seeking for Obstetrical Emergencies. Many births continue to take place at home, leaving mothers and babies vulnerable to complications that can be treated adequately only at a health facility. For these cases, public health programs will be able to make a significant impact on maternal survival only by improving the quality of essential obstetrical services and by facilitating better family recognition of obstetrical emergencies and quick and appropriate action based on this recognition. The CHANGE Project would like to focus on this latter objective.

Most programs have had limited success in improving family recognition and quick and appropriate care seeking. This is due to the fact that the desirable behavior (appropriate care-seeking) is really a long chain of behaviors, and there are significant barriers to undertaking each of them in most developing-country settings. If there is one broken link, the chain is broken and a mother exposed to maternal death. The main links and barriers (from the family's viewpoint) are the following:

- Look for/become aware of a condition that constitutes a medical emergency.
- Interpret the sign as a trigger for immediate action.
- Decide to go immediately to a provider who has life-saving skills.
- Quickly arrive at the place of skilled care.

This chain of behaviors often becomes even more difficult because of women's limited control over decisions. The husband or others may have to approve the significant expenses involved in seeking care. In some cultural settings, a woman with a life-threatening obstetrical emergency cannot leave the home if her husband does not give, or is not around to give, his permission.

CHANGE would like to work with in-country partners to carry out very thorough formative research on danger sign recognition, interpretation, decision-making regarding care seeking, and barriers to care-seeking, to see if this intensive formative research will provide new insights for effective program strategies and messages. CHANGE will look for the local cultural (emic) perceptions and definitions of danger signs, rather than focusing on how well people can understand the doctor-defined signs. CHANGE will look at how people categorize one or more symptoms into diseases or syndromes, since this decision may well have a profound impact on whether and where outside care is sought. CHANGE will test at least one new diagnostic tool—diagnostic drama and dialogue—as a way of learning about cultural perceptions and norms regarding the questions of interest. This method will be combined with a limited number of interviews of key informants (traditional birth attendants, mothers with many children, anthropologists) to try to build the basis for a more effective program strategy and messages.

c) Acceptability of Skilled Providers. A final behavioral issue that CHANGE and others feel is important is the cultural acceptability of the skilled providers in countries where the government is creating an essentially new cadre of providers skilled in handling most obstetrical emergencies. This is mainly an issue in countries where traditionally most births have been attended by family member or local TBAs. There are a number of issues regarding the selection criteria for skilled providers, their relationship with traditional providers and hospitals, and the cultural compatibility of their care with traditional culture, that CHANGE might analyze and try to improve in one or more settings.

CHANGE began exploring behavioral aspects of maternal health in August 1999, when it hosted a brainstorming meeting of a number of experts. That meeting was followed up by a number of individual interviews with key people at USAID and USAID CAs, and by the initial development of an approach to negotiating improvements in service acceptability and utilization. CHANGE and Save the Children jointly put out a call via listservs for project experiences along these lines, but the response was quite limited. During this reporting period, CHANGE discussed possible collaboration on maternal health behavioral with CARE, Save the Children, and the MNH Project.

CHANGE was an active participant in planning, giving presentations, and producing summary documents of the Consultative Forum on Behaviors Dimension of Maternal Health, held in Washington, June 5-7, 2000. This international meeting was jointly sponsored by MotherCare, WHO, and CHANGE. CHANGE and MotherCare together wrote a September 2000 issue of *MotherCare Matters* that summarized the presentations, conclusions, and recommendations from the meeting.

CHANGE prepared and submitted to the Africa Bureau a concept paper on testing tools for improving maternal health in one African country. There are several ideas for an expanded concept of birth preparation and/or for analyzing and utilizing networks for improving pregnancy

outcomes.

Finally, CHANGE began to work with Project HOPE and BASICS to develop mothers' reminder materials on child health in two countries and general guidelines on how to develop similar materials in additional countries. This activity should support CHANGE's maternal work on very similar issues of awareness, interpretation, and actions based on danger signs and on identifying and reducing barriers to appropriate care seeking.

Egypt

The USAID-funded Healthy Mother/Healthy Child (HM/HC) Project is a large, complex project designed to reduce maternal and neonatal mortality in the five southern-most governorates of Upper Egypt. HM/HC is providing physical improvements, equipment and supplies, and training of staff and clinical supervision for over 100 hospitals and other health facilities. There is also a community component aimed at involving communities in local health needs assessments and improving quality of health services.

HM/HC staff had become particularly concerned with provider behavior issues and welcomed collaboration with CHANGE in this area. The Chief of Party stated that despite major HM/HC inputs of new equipment and supplies, in-service training, and significantly improved supervision, detrimental provider behaviors in many facilities continued to be a barrier to improved services and health outcomes.

Based on an exploratory visit in February 2000, two CHANGE staff members developed a preliminary analysis of key provider behavioral objectives, current behaviors and their causes, barriers to improvement, and possible avenues for change. CHANGE and HM/HC staff agreed that the next step would be to carry out limited in-depth research on providers.

In May/June 2000, a CHANGE consultant (a nurse/medical anthropologist) directed a study of provider behavior in two of the five HM/HC governorates. She and her team, including two HM/HC clinical supervisors, observed providers (overnight in a number of facilities) and carried out in-depth interviews. The consultant's report describes in great detail numerous problems that lower the quality of care and provides a great number of practical suggestions for solutions. Problem areas include infection control, quality of care, interpersonal communication among facility staff, neonatal care, record keeping and emergency response. The consultant provided cultural and health system-wide explanations for a number of these problem areas. HM/HC and the Ministry of Health have begun to implement some of these ideas.

Using the additional input from the research, in September 2000, CHANGE prepared a more extensive (draft) behavior-change strategy for providers in the project area. The strategy analyzed and offered strategies for addressing the following provider behavioral objectives:

- Provide correct diagnosis and appropriate treatment of obstetrical and neonatal emergencies;
- Encourage appropriate utilization of public facilities for prenatal, delivery, postpartum, and emergency services;
- Demonstrate respect for patients, their families, and traditional providers;

- Demonstrate respect for fellow staff members;
- Protect self, other staff, and patients from nosocomial (hospital-induced) infections; and
- Provide correct and appropriate care and treatment of newborns.

SO 3: Global: Child Health

Immunization

Advocacy for Vaccines and Immunization (GAVI)

The CHANGE Project has participated on the Advocacy and Communications Task Force (the ACTF) of the Global Alliance for Vaccines and Immunization (GAVI) since June 1999. GAVI, the new global initiative formed by a broad spectrum of public and private sector partners including WHO, UNICEF, the World Bank, USAID, the Rockefeller Foundation and the Bill and Melinda Gates Children's Vaccine Program, was formally launched on January 31, 2000 at the World Economic Forum (WEF) in Davos, Switzerland.

On behalf of GAVI, the CHANGE Project convened a conference entitled: "Accelerating the Adoption of New and Underutilized Vaccines" on May 25-26, 2000 in Washington DC. The purpose of the meeting (sponsored by the Bill and Melinda Gates Children's Vaccine Program at PATH, the Global Alliance for Vaccines and Immunization, the World Health Organization, and USAID) was to present new evidence and build a consensus among vaccine and immunization specialists on the key actions needed to support broad adoption and sustained use of new and underutilized vaccines. Attended by representatives of GAVI partners and immunization experts from around the world, the meeting was rated "highly successful" by the majority of participants and resulted in a number of provocative recommendations to further the adoption of new vaccines.

Also during this period, the CHANGE Project continued to support the work of the ACTF, supporting the development of a "turnkey kit" on communications and advocacy and participating in the development of the agenda for the GAVI partners meeting scheduled for November 2000 in The Netherlands. In conjunction with the other members of the ACTF, CHANGE was selected to be the "lead partner" in providing advocacy and communications support to three of the countries approved for funding in the initial round of GAVI applications: Mozambique, Malawi, and Madagascar. Accordingly, contact was initiated with country program representatives and (in coordination with CHANGE CTO Elizabeth Fox) with USAID missions in the selected countries to outline CHANGE capabilities and propose options for country support.

Community Surveillance Kit

A surveillance system that enables timely detection, reporting and investigation of possible polio cases is essential for the success of the global Polio Eradication Initiative. Facility-based surveillance alone will not enable many countries to achieve sufficient detection of acute flaccid paralysis (AFP) to enable the country and region to be declared polio-free. In many countries,

the search for cases must extend beyond facilities.

For more than a year, CHANGE has been working with CORE PVOs, the Peace Corps, ministries of health, and other partners to strengthen community-based surveillance strategies through the development and field-testing of a prototype disease detection kit. Because many communities will never find a case of AFP (because of their scarcity), CHANGE decided to develop a kit that would facilitate ongoing community involvement by supporting the reporting of other illnesses and events of public health importance, including measles, cholera, neonatal tetanus, yellow fever, as well as positive health indicators and community events.

CHANGE's Community Surveillance Kit is designed specifically for situations in which there is some person who can serve as a bridge between the community and the nearest health facility. This person might be a PVO staff member, a Peace Corps Volunteer or, possibly, someone who works directly for the national government. The Kit and accompanying materials support this "Community Surveillance Coordinator" to orient communities, work with them to select "Community Surveillance Volunteers," train and support those volunteers, and bring any reports of AFP or other important diseases to the immediate attention of the closest health facility. The Kit is thus conceived as helping extend the reach of existing surveillance systems that currently rely on cases showing up at facilities.

Besides supporting community involvement in surveillance, the Kit provides ideas for *preventing* diseases and ways to help communities *monitor good health habits*, such as hand washing and having fully immunized infants, and *other positive events* that communities themselves select related to improving community life beyond health. It is believed that monitoring these good habits will help change community norms so that the specific habits are more quickly adopted.

The draft Kit was completed in August 1999 and then pre-tested in Zimbabwe and Malawi. On the basis of the pretest findings, the Kit was substantially revised, and new pieces were drafted by April 2000. This version for pilot testing in the field has been distributed electronically and in printed versions to many organizations and countries.

During this reporting period, CHANGE continued to work with MOHs, PVOs and other partners to arrange and support pilot tests in Malawi, and possibly also in Mali and Mozambique. CHANGE hopes that such tests will yield valuable feedback before the project finalizes and widely distributes the Kit for adaptation and use.

Thus far, a number of issues have prevented the initiation of an "official" pilot test. It was assumed that the Kit activities would fit smoothly into existing PVO activities, but this has not been the case, since in fact many PVOs have limited flexibility due to existing contracts and agreements with funders and governments. Covering start-up and ongoing costs has also been an issue. Finally, governments (e.g. in Zimbabwe and Malawi) have not been interested in "pilot" projects but rather insist on longer-term support and commitment from CHANGE.

Social Mobilization

During this reporting period, CHANGE continued to support WHO/AFRO's work in

communication/social mobilization. In July 2000, CHANGE staff attended the social mobilization partners' meeting at UNICEF headquarters, participating in updating the joint-agency Africa regional and global communication activities in support of polio eradication and routine immunization. In July and August, together with BASICS, CHANGE prepared a series of 15 one- and two-page checklists to support planning, implementation, and monitoring/evaluation of communication/social mobilization (*Checklists and Easy Reference Guides for Communication for Polio Eradication*). These were widely disseminated, particularly in Africa, in English or French. Country feedback to WHO and UNICEF was that the checklists were very useful during NIDs, including the synchronized NIDs in West and Central Africa in the fall of 2000.

Nutrition

Nicaragua/Micronutrients

After a national micronutrient survey found that both vitamin A deficiency and iron deficiency anemia were serious problems of public health significance, the government assigned high priority to preventing and controlling deficiencies. With USAID's support, the government began an aggressive vitamin A and iron supplementation program and supported vitamin A fortification of sugar. CHANGE was asked to collaborate with the MOST Project in Nicaragua to review the design and implementation of current micronutrient behavior-change activities and provide recommendations to strengthen the design and implementation of the current BCC plan.

At the very beginning of this reporting period, CHANGE Project Deputy Director Julia Rosenbaum traveled to Nicaragua to work with MOST and local counterparts to strengthen behavior change activities and identify opportunities for innovative tool applications in support of micronutrient goals. Specifically, the purpose of the visit was to review the design and implementation of the current IEC micronutrient program, to provide a longer-term vision for the BCC strategy to reach concrete and measurable behavioral change goals, while building in feedback systems to continue supporting the behavioral changes already achieved. In addition, Rosenbaum reviewed the informational campaign to consumers on fortified foods, with emphasis on sugar fortification.

The technical group looked at overall program objectives and reviewed strategies for achieving these objectives through relative emphasis on fortification, supplementation and dietary diversification. Through a behavior change lens, the various strategies suggest varying degrees of emphasis at the political, institutional and household levels. The behavioral analysis refocused some of the 'behavior change communication' back towards the political and institutional levels, as appropriate for fortification and supplementation activities.

A number of follow-up activities were recommended, which are summarized in the chart below. Progress on these activities was very slow during the reporting period because MOST in-country effort was directed at finalizing all the technical and political aspects of national sugar fortification, which was an intensive and somewhat all-encompassing endeavor.

Micronutrient Strategy Element <i>Problem being Addressed</i>	Suggested Approach/Tool
Behavior Change Strategy <i>Problem: No comprehensive behavior change (or IEC) strategy exists.</i>	Provide TA to MOST in-country consultant to complete elaboration of strategy document (outline and key sections developed in while in Nicaragua)
Monitoring and Evaluation Plan <i>Baseline survey completed. Indicators don't address all major components of IEC/behavior change strategy.</i>	Provide TA to MOST in-country consultant to complete elaboration of evaluation plan (indicators are part of behavior change strategy document; existing indicators reviewed while in-country and sample template left with technical staff)
Health Worker Training in use of new IEC materials <i>Problem: New IEC materials have been developed and distributed. Training curriculum has been developed to train health workers in supplementation and dietary diversification norms. Several deficits identified ...</i>	10 of 17 districts already trained; 7 remain. Several needs identified: add a module on IPC to directly address counseling skills deficit; expand modules to include guidance for providing supplementation under special situations (sick child); add section on sugar fortification (specific to dosage issues related to supplementation now that vitamin A and iron are provided thru fortification Identify district level resources who can be trained as trainers, so that capability remains in the region to train new cadres of health professional (particularly the new crop of public services docs who rotate in this April; also to train community level health workers)
Monitoring System <i>Problem: Supplementation is dependent upon a steady supply of iron and Vitamin A at the district level, yet shortages are commonly reported as a barrier to supplementation. Reportedly, the Ministry has just completed a study to identify supply bottlenecks.</i>	Develop and test a monitoring system to assure regular supply of micronutrient supplements at the primary care and district hospital levels.
Community-based Iron Supplementation Activities <i>Problem: Many mothers fail to complete supplementation regimen, with supply barriers [availability and accessibility] identified as major barrier.</i>	Identify a local NGO with strong cadre of CHWs (brigadistas) to "adopt" iron deficient mothers and children and assure supplementation; involve brigadistas in providing re-supply of iron to children and mothers who have already been diagnosed as deficient and received. Develop reminder material for kids weekly supplementation (calendar already exists for mother's daily supplementation reminder).

Comprehensive Community-level Children's Health Promotion through Growth Monitoring and Promotion in the Dominican Republic

Hurricane Georges swept through the Dominican Republic on September 22, 1998 causing major infrastructure and agricultural damage in 14 provinces and the National District. The USAID Reconstruction Effort, referred to as 'RECON', is investing approximately US\$7 million in these interventions in the most severely affected provinces as well as the National District. The comprehensive RECON health portfolio includes community level Integrated Management of Childhood Illnesses (IMCI), reconstruction of water systems, reconstruction of latrines and mitigation support to the Expanded Immunization Program (EPI) among other interventions.

USAID/Santo Domingo via the CHANGE Project has already worked with the Ministry of Health to develop and implement a behavior change program for the prevention of dengue fever. USAID wishes to build on the expertise already developed and expand this approach to the area of nutrition.

Malnutrition is an important contributor to child morbidity and mortality. While overall malnutrition levels are lower in the DR than in the Central American countries, mild and moderate malnutrition are prevalent, particularly in communities affected by Hurricane Georges. For instance, preliminary data gathered after Hurricane George indicates that nearly 40% of children under five in the bateys (extremely poor communities of sugar cane plantation workers) have some degree of chronic malnutrition. Additionally, 32% of batey children 1-5 suffer from anemia with hemoglobin levels less than 10.0.

Growth monitoring and promotion provides an opportunity for community health workers to provide comprehensive counseling and problem-solving with caretakers. Yet too often, health workers fail to use the opportunity of growth faltering to inquire about key health and household events that may have affected the child's growth.

The nutrition activities will be carried out under the framework of the community-level IMCI/AIEPI model developed in Honduras and later adapted in Nicaragua. This model, called AIN (Atención Integral a la Niñez), is based on family and community actions that are stimulated by community growth monitoring and promotion. The preliminary results in Honduras have demonstrated a positive impact upon the nutritional status of children under 2 years of age.

The growth information, recorded monthly for all children under 2, serves as the entry point for counseling the mother and family on key preventive and care-seeking behaviors, focused on but not limited to, child feeding. Periodically, information on the growth of each community's children is brought before the community for discussion and to possibly stimulate collective actions.

The AIN system involves counseling linked to critical paths for behavior change at the household level and referral to the health center for at-risk cases. Community volunteers do monthly weighing and counseling supported by detailed counseling cards. The AIN system also includes a supervision and training module for the volunteers, training for the health workers, and context-specific counseling cards for the volunteers to use with mothers and families.

Integrating AIN into in the DR potentially fills a gap in the current community health model (IMCI) being used by RECON/NGOs and SESPAS, enhancing child health outcomes by supporting community-level health interventions. Although the promise of AIN is clear, many elements will have to be adapted to meet local needs. For example, identification of focal behaviors and issues around home-based prevention, referral and care seeking need to be examined in light of local conditions.

CHANGE received field support last reporting period to provide technical support during the three phases of the D.R. adaptation of AIN – preparation, development, and implementation/ expansion.

Activities

During the last reporting period, during the first phase of the adaptation, a representative of the local non-governmental group, ENTRENA, traveled to Honduras in late July 2000 to participate in a regional AIN workshop; since her return, she has been orienting her colleagues in the D.R. around this new approach to growth promotion and counseling.

In August 2000, Manoff/CHANGE consultant Irma Yolanda Nuñez traveled to the Dominican Republic for a week to lay the groundwork for the introduction of AIN. Ms. Nuñez interviewed numerous NGOs to identify three to participate in the design and introduction of AIN. Later this reporting period, Manoff Program Officer Gail Naimoli traveled to the DR to finalize arrangements and develop a coordinated workplan for the local AIN Coordinator, Erida del Castro, to work with the three NGOs on research and planning activities.

Next Steps

Next reporting period, participating NGOs and a representative from the MOH will work with Manoff/CHANGE Consultants to plan and carryout research and behavioral trials to identify key nutritional problems and possible solutions.

After identifying key areas of nutritional need and use through formative research, we will apply the TIPS negotiation approach to develop appropriate counseling and nutritional rehabilitation interventions. Included will be strategies to address institutional issues such as volunteer supervision, training and client referral affecting integrated counseling. This technical assistance will be coordinated with technical assistance for community level behavior change in the areas of hygiene and social mobilization for vaccinations, and ultimately incorporated into the IMCI/DR model.

Sustainable Distribution of VAC in Uganda

CHANGE, under global-bureau funding, will work in Uganda with UNEPI, the MOH Health Education Unit (HED), and MOST to (1) support the seven districts with advocacy and demand creation related to adding vitamin A capsules (VAC) to their community-based activities; (2) identify an additional group of districts that do not have community-based distribution of VAC,

and then work with stakeholders there to increase commitment and develop and implement a twice-yearly community-based distribution approach.

USAID is concerned about what will happen to vitamin A coverage levels following the end of National Immunization Days (NIDs) and has requested that CHANGE develop approaches to maintain or increase coverage. The MOST Project, with TA from CHANGE, is laying the foundation for a behavior change approach nationally.

Lonna Shafritz traveled to Uganda in July to work with MOST. Accomplishments of her visit included developing of a draft communication plan for VAC and helping MOST develop alternative logos and prepare for pretesting logos and several print materials. She also analyzed research results from interviews with mothers and health workers. Since this trip, she has been providing TA to MOST's resident advisor in communication and behavior change areas and participating in developments related to post-NIDs VAC distribution.

CHANGE is looking at which VAC programs cover which districts and what NGOs might be available to work with. Another visit to Uganda is expected in the near future.

Improved Vitamin A Consumption – India

As a result of CHANGE Project Director Dana Faulkner's May 1999 trip to India, CHANGE received global bureau funds to work on improving vitamin A consumption in India. In conjunction with the Government of India, MOST and other stakeholders, including major NGOs such as CARE, CHANGE will work in one or two Indian States to increase commitment to improving vitamin A consumption among young children and lactating women. Together with counterparts, CHANGE will then develop and implement a community-based intervention to improve consumption, for example through improving infant feeding practices, increasing demand for fortified foods, and/or improving vitamin A capsule distribution.

During this six-month period, CHANGE has had ongoing discussions with the MOST Project related to collaboration in country on this activity. CHANGE staff is planning to visit India in the near future to discuss proposals for activities with The USAID mission and the Government of India

SO 4: HIV/AIDS

Bellagio Conference: Development Communications in the 21st Century

A important objective of the CHANGE Project is to advance USAID's global leadership in behavior change. To support this mandate on behalf of USAID, CHANGE is co-sponsoring a joint meeting with the Rockefeller Foundation to be held in Bellagio, Italy in October 2000. The purpose of this "communications Summit" is to explore and reconcile the divergent views and experiences of program funders with the various communication-based approaches to improving health and its antecedents.

To set the foundation for the meeting, The CHANGE Project (working with a steering committee from USAID and the Rockefeller Foundation) is managing a consultative process to explore and document the divergent views and issues in the field of development communications. Three background papers have been commissioned (on the antecedents and evolution of current development communications practice; on the results and evidence-base of the different methods; and on field managers “real-life” experiences with different approaches). Based on these papers, and a consultative meeting with USAID CA’s involved in behavior change and communications, CHANGE and the steering committee developed a list of participants for the Bellagio meeting drawn from a wide range of NGO and donor organizations, and finalized the presentations and an agenda for the Bellagio sessions.

UNAIDS HIV/AIDS Conference on Communication for Behavior and Social Change

In order to strengthen its ongoing collaboration with UNAIDS, continue its contributions to the behaviour change field in general, and behaviour change in the area of HIV/AIDS, in particular, the CHANGE Project sent its Co-Director, Anton Schneider, to attend the *UNAIDS Workshop for Agencies and Implementing Institutions on Communication for Behaviour and Social Change: Programme Experiences, Examples and the Way Forward*.

The purpose of the workshop was to strengthen in-country communication programs for behavior and social change, within UNAIDS as well as with co-sponsors, UN agencies and other large international and regional NGOs. Convened from 25 to 27 July 2000 the three-day workshop in Geneva was organized by UNAIDS, Department of Policy, Strategy and Research, and the Secretariat of the International Partnership Against AIDS in Africa (IPAA).

In 1999, UNAIDS produced and widely disseminated a key document for use in national programs on HIV/AIDS: *Communication Framework for HIV/AIDS: A New Direction*. This framework, under a project managed by Penn State University, was developed with the participation of international, national and regional organizations and specialists in Africa, Asia, Latin America and the Caribbean, Europe and North America.

The framework suggests that communication program for HIV/AIDS should aim at not only individual behavior change but also at bringing about changes in contextual factors that facilitate individual behavior change. Whilst experiences may be limited in the execution of programs that combine the five contextual factors (government policy, socio-economic status, culture, gender relations, spirituality), many countries, agencies and organizations have experiences in programming communication that include or focus on one or more of these factors.

The workshop was intended to facilitate the sharing of experiences on implementation, with other agencies and institutions that face equally significant challenges for effective communication for behaviour and social change in other contexts. Many issues, constraints and priorities will probably be found to be common to all and the exchange of experiences, as well as identification of opportunities for future collaboration, will certainly strengthen programs in behavioural and social contexts.

A long-term objective is to strengthen the linkage between in-country programs with the

communication activities of multi-lateral and bi-lateral agencies and institutions, regional institutions and NGO's, such as UNICEF, UNESCO, World Bank, FAO, ILO, UNDCP, USAID, Rockefeller Foundation, Ford Foundation, Family Health International, and DFID.

More specifically, the workshop was intended to:

- Map out strategies for implementation of communications for behaviour and social change, using newly emerging directions from UNAIDS, co-sponsors and other organizations;
- Strengthen linkages between communication and priority issues on HIV/AIDS in developing countries, particularly in Africa, aiming at effectiveness and coherence in implementation and evaluation; and
- Increase the technical soundness of in-country communication programs, projects and strategies.

Research on Stigma, Discrimination & Denial

With funding from the Global Bureau, the CHANGE Project is working with the International Center for Research on Women (ICRW) to conduct a research study aimed at reducing HIV/AIDS related stigma and discrimination by investigating key causes and dimensions in three African countries that have differing government commitment to addressing HIV/AIDS. The research will use rapid ethnographic techniques (rapid rural appraisal [RRA] and participatory procedures) to collect information needed to inform and design interventions to reduce stigma and discrimination. This context-specific research will include a range of activities such as:

- Identifying people and situations that are particularly vulnerable to discrimination;
- Documenting implications of living in fear of being infected with HIV and the stigma associated with it;
- Identifying strategies used by people living with HIV/AIDS for dealing with stigma and discrimination; and
- Analyzing the social, economic and cultural factors that underlie stigmatizing attitudes and behaviors of individuals or people within institutions and communities that discriminate.

ICRW will take the lead in conducting the research; CHANGE will incorporate the findings and recommendations to design innovative interventions aimed at reducing stigma and its effects in one or more of the countries.

During this reporting period, a scope of work/memorandum of understanding between CHANGE and ICRW has been reviewed and approved.

CHANGE and ICRW, in consultation with UNAIDS, HORIZONS and USAID are currently finalizing country selection. Countries under consideration include Uganda, Tanzania, Kenya, Ethiopia, Malawi, and Zambia.

Behavior Change Network for Eastern and Southern Africa

Despite being at the region most affected by the HIV/AIDS epidemic, Africa has all too often

found recommended solutions coming from outside rather than from within the continent. This has been noted by a number of analysts, perhaps most forcefully and most recently in the UNAIDS “Communication Framework for Prevention of HIV/AIDS in Africa”. Whether or not one agrees with the authors that Western models of behavior change have been “imposed,” it must be agreed that the predominant intellectual work has emanated from outside of the continent.

Through discussions with potential network members, CHANGE is working with USAID’s REDSO Office to identify needs, possible approaches and areas of interest, particularly pertaining to models of behavior change relevant to the African context. A small working group has been convened to explore these issues, develop recommendations, and create or strengthen mechanisms to advance African voices and solutions.

This activity will seek to link organizations working on HIV/AIDS; strengthen their orientation to a behavior change approach to HIV/AIDS prevention and support of persons with AIDS.

Exploratory work with local partners will be conducted to determine the nature of activities and outcomes. Current expectations include:

- Initiation of a network focused on behavior change to link organizations active in reducing HIV/AIDS and supporting HIV+ people;
- Identification and dissemination of African models of behavior change and contextual frameworks;
- Stimulating African-context-specific interventions based on new models.

Soul City - South Africa

Brand analysis

O’Brian Research/Research International was contracted by Soul City to carry out the brand analysis. By the end of September, focus groups had been completed, the draft report written and the “brand audit” was underway (information about the various programs from Soul City/Institute of Urban Primary Health Care, interviews with the Soul City; IHDC staff and with suppliers). The questionnaire for the quantitative brand survey was also being developed. It is expected that the survey be conducted November 2000.

‘Soul Buddyz’

Soul City is revising radio scripts and music based on feedback from the pretesting they have conducted.

CHANGE and Soul City will collaborate in designing an evaluation of the radio component of ‘Soul Buddyz’, as well as development of indicators for different messages and themes. Soul City will oversee the evaluation. (For the evaluation, we envisage a three-round panel tracking of small audiences in test market areas, supplemented by a content analysis of the interactive portion of programs, which will be taped.)

Evaluation support

CHANGE has been participating in the Soul City evaluation advisory group, and has reviewed questionnaires, provided assistance with evaluation and analysis designs on request. In June,

CHANGE participated in a meeting convened by Soul City to discuss the large-scale evaluation of Soul City, Series 4.

SO 5: Infectious Disease

Tropical Disease Research (TDR)

From 31 May to 2 June 2000, Susan Zimicki chaired a meeting convened by WHO to develop a vision and strategy for the Strategic Social, Economic and Behavioral Research (SEB) in Tropical Disease Research. The specific objectives of the meeting were to define the needs and opportunities for strategic social, economic and behavioral research and to assess the role of other organizations and institutes in these areas of research, and determine where and how TDR might best contribute. The meeting resulted in a set of recommendations concerning TDR's vision, mission and strategy for strategic social, economic and behavioral research and a prioritized research agenda for SEB, including specific areas of research to be pursued during 2000-2003. The TDR technical advisory group approved the strategy and the institution of the new working group. Susan Zimicki attended the first annual meeting of the new working group.

Improving the Involvement of Social Scientists in Malaria Research and Control

With funding from USAID's Africa Bureau, the CHANGE Project has been working to improve the involvement of social scientists in malaria control. One of the first tasks in our strategy to accomplish this has been to document the contribution that social scientists have made up to now. CHANGE provided partial support for Drs. Holly Williams and Caroline Jones to work on a review of social science research pertaining to malaria.

The review was presented at the May 2000 meeting of the WHO Task Force on Malaria Home Management. This meeting of 30 researchers in Kilifi, Kenya reviewed current understanding of the domain of home management for malaria, defined key areas for research on malaria home management and recommended ways to support and facilitate research in the key areas. Susan Zimicki of CHANGE helped plan and facilitate the meeting and wrote the meeting report with Dr. Jane Kengeya Kayondo. CHANGE also supported the attendance of Drs. Susan McCombie (Georgia State University), Holly Williams (CDC) and Caroline Jones (London School of Hygiene and Tropical Medicine).

A second element of the strategy is to increase the opportunities for the involvement of social scientists in malaria prevention and control activities. CHANGE supported a visit of Dr. Holly Williams from CDC to Washington, DC from August 22-23. She and Susan Zimicki met Drs. Andrea Egan and Martin Alilio at the Fogarty International Center of the National Institutes of Health. Fogarty is currently the secretariat for the Multilateral Initiative on Malaria (MIM), a consortium of institutions that supports multicenter (north-south) collaborative research on malaria. The meeting concerned MIM's possible interest in supporting different aspects of a proposal to develop social science capacity in Africa (mentoring of junior social scientists, space on their web-site, dissemination of a bibliography of social science publications on malaria, a clearinghouse, research to understand constraints on research careers in malaria social science).

Drs. Egan and Alilio expressed interest and asked for write-ups of specific elements. Dr. Williams also met with staff members of USAID's Environmental Health Project (EHP), who agreed to make the bibliography of social science writing on malaria available through the EHP website.

Other Malaria Activities

Other malaria-related activities during this quarter included Susan Zimicki's participation in the malaria and pregnancy-working group and work with a group to develop a malaria module for the DHS survey.

Integrated Dengue Control Activities in the Dominican Republic

The passage of Hurricane Georges over the Dominican Republic in September 1998 increased the risk of dengue and dengue hemorrhagic fever. Levels of household and community infestation of mosquitoes are significantly higher than acceptable norms. The CHANGE Project has been assisting the Ministry of Health (MOH/SESPAS) in developing an innovative behavior-change strategy to support community-based dengue control efforts. Working in partnership with the MOH, the Pan American Health Organization (PAHO), CDC, the national and municipal Ministries of Health and local NGOs, CHANGE is providing on-going assistance in conducting innovative formative research, household trials and larval surveys that will lead to the development of a strategy to increase community and household participation in dengue control.

The last reporting period marked the first application of a CHANGE tool, Negotiating Improved Practices (or NEPRAM in Spanish). This innovative methodology involves communities in systematically testing and modifying efficacious behaviors for feasibility. Households are given options to try over time and asked to adapt methodologies as needed. Field researchers systematically monitor the adherence, adaptation and impact of the behavioral options as practical in the field setting.

CHANGE, PAHO and CDC provided technical assistance to test the NEPRAM tool. All behavioral options focused around reducing household mosquito-breeding sites, the most prolific of which is the 55 gallon water drum used to store water in response to intermittent water supplies. Two newly designed container covers, one washing procedure and one bleach cleaning treatment were offered to communities.

A series of four visits to participating households were used to monitor adherence, changes in the use of the control measures, and the impact of household behaviors on egg and larval production of the *Aedes aegypti* mosquito.

Recently completed research and analysis were presented to the Interagency Group early this reporting period as the group came together for the Third Interagency Summit to Develop an Integrated Behavior Change Strategy for Dengue Control. At the meeting, all formative research findings were applied to the development of the national behavior change strategy, as well as detailed planning for the first small-scale intervention in a district in the western part of Santo Domingo municipality. The integrated strategy includes a multi-faceted plan to reduce household mosquito-breeding sites through individual, household, community, institutional and

political level interventions. In addition to house-to-house visits and community mobilization, the plan includes encouraging micro-enterprise production of drum covers; collaboration with bleach manufacturers to include the drum treatment “recipe” on the sides of bleach container; and changes in the training, supervision and reporting forms of community vector control agents to encourage “negotiation” with householders.

The plan for the “small-scale intervention” focuses on activities at the community and household levels to reduce household breeding sites. Following the findings of the formative research, this may be the first-ever dengue prevention campaign to focus on maintaining tanks for ‘clean and healthy’ water, a priority for householders, and not even mentioning dengue or mosquitoes. The professional staff held meetings with 40-50 community leaders identified through a local association of community organizations known as the *Espacio de Coordinación*. The district epidemiologist and three community leaders became overall coordinators. Each leader then called upon their membership to become supervisors of the upcoming home visits, who first updated the local community maps and then divided their catchment areas into geographic blocks. Sixteen supervisors, 4 for each neighborhood or *barrio*, and about 500 community volunteers, including youth groups, housewives, students, teachers and others (as well as their supervisors) received classroom-type as well as hands-on training, organized by the municipal MOH staff and the community leaders.

The intervention opened with an inauguration staged in the middle of one of the *barrios*, attended by health authorities from all levels, including the Secretary of Public Health and Social Assistance (the Minister of Health), at the end of May 2000. Loudspeakers mounted on vans drove through the streets announcing the upcoming home visits by community volunteers to talk to people about *cloro untado, tanque tapado, tu compromiso por la salud*. (Roughly translated: Rinse your water tank with clorox and then cover it!. Your commitment to your family’s health.) The MOH health education unit put together the first set of support materials, which were used with the householders during the home visits and left behind as reminder materials. Posters and street banners with the same theme were placed in public places. The inauguration was followed by the home visits conducted simultaneously in all four *barrios*. Each volunteer visited around 25 homes, although many apparently went beyond the call of duty to visit many more. In addition to private homes, local shops, workshops, hair salons and other non-household premises were visited. The initial visit was followed by three follow-up visits conducted in some *barrios* during the next three weeks. The supervisors and volunteers who received the training on negotiation mentioned how they now insist on reminding their members to continue to practice the new behaviors of negotiation during their contacts with their respective members on other community projects.

Currently, there is experience transfer by the health education unit and the district health department to other sectors of Santo Domingo and other areas of the Republic, where dengue cases have recently appeared.

Current funding levels have not allowed for an impact evaluation to take place; however all parties are extremely interested in conducting one as soon as funds became available. Some entomological surveys were conducted by MOH trainees attending a course on vector and rodent control, as part of their hands-on training. In lieu of an evaluation, DMSOe staff drafted a simple 5 question instrument to be applied by volunteers during follow up home visits and found out

that over 90% of the respondents had applied “the strategy”.

SO 6: Global Advocacy & Leadership

U.S. Coalition for Child Survival

In 1990, the first ever World Summit for Children convened at the United Nations, and brought together the largest gathering of world leaders in history until that time. Seventy-one heads of State, including the President of the United States, and official delegations from 88 additional countries, considered the state of children around the world and developed a vision of goals and accomplishments for the last decade of the 20th century. Now a decade later, the United Nations General Assembly will follow up that important event by reconvening world leaders in an unprecedented Special Session on Children in September 2001 at the UN headquarters in New York. These leaders will assess the progress that has been made since the 1990 Summit and renew commitments to children in the coming decade.

During the 10 years since the 1990 World Summit for Children, there has been considerable progress made in international child health and survival. Despite these successes, however, many of the goals set forth in the 1990 Summit remain unmet, and each year more than ten million children continue to die before reaching the age of five. The vast majority of these children are dying from diseases for which there is known prevention or cure, such as measles, diarrhea, and pneumonia.

Recognizing the significance of the 10-year anniversary of the World Summit for Children, the CHANGE Project, in partnership with USAID’s Office of Population, Health and Nutrition, is working to bring greater public attention to child health and survival issues, the unfinished World Summit agenda, and the upcoming UN Special Session on Children.

In support of this mission, CHANGE has helped bring together other important institutions from the non-profit, foundation, and academic communities to form the *U.S. Coalition for Child Survival*.

The U.S. Coalition for Child Survival has begun planning a series of events that will take place between now and the UN Special Session on Children in September 2001. The schedule of events will provide an opportunity for the Coalition to distribute materials, inform U.S. media and a variety of targeted audiences on global maternal and child health issues and brings attention to the upcoming UN Special Session.

CHANGE will be playing a lead role in helping to coordinate activities for the Coalition and will be developing the Coalition’s communications materials, which is expected to include an informational video, a briefing booklet, and a web site. CHANGE will also be leading an effort to engage the U.S. corporate sector in the Coalition’s activities and to explore opportunities for further private-sector involvement in global child survival.

The organizations that have helped bring the U.S. Coalition for Child Survival together include:

The Academy for Educational Development, the Global Health Council, The Johns Hopkins School of Hygiene and Public Health, the U.S. Fund for UNICEF, Save the Children, the Child Survival Collaborations and Resources Group (CORE), PLAN International, Bread for the World, Adventist Development and Relief Agency (ADRA), World Vision, Grant Makers in Health, Wallace Global Fund, the U.S. Agency for International Development (USAID), U.S. Department of Health and Human Services, the Environmental Health Project, and the Voice of America.

Behavior Change State of the Art (SOTA)

Susan Zimicki presented “Developing new strategies for behavior change” at the USAID State-of-the-Art course in Kenya, June 5. ***New Technologies for Disaster & Development Conference***

Anton Schneider met with USAID’s Bureau of Humanitarian Response, Office of PPM, as well as representatives from USAID’s Global Bureau to discuss ways in which BHR could strengthen the use of new and existing communication technologies by PVO’s. Based on these discussions, CHANGE has received funding to facilitate and host a conference, currently planned for late 2000 or early 2001, to share experiences in the application of innovative communication technologies in the field of development and disaster relief.

Communication Initiative

CHANGE continues to support the Communication Initiative.

Tools and Approaches

Behavior Change Tools for Private and Voluntary Organizations

USAID’s Bureau of Humanitarian Response, Office of Private and Voluntary Cooperation (BHR/PVC) is currently funding a variety of NGO and PVO programs working in the areas of maternal, child, family and community health. BHR has asked the CHANGE project to assist in improving the capacity of these organizations to utilize proven behavior change tools and approaches in order to improve program impact, sustainability and cost effectiveness.

The primary objective of this activity is to mainstream behavior-change approaches within organizations applying for BHR/PVC Child Survival Grants.

During this reporting period, CHANGE met with BHR/PVC to discuss its scope of work, and has drafted a preliminary set of recommended activities. These include:

- Conducting a workshop in Behavior Change for BHR/PVC PVOs.
- Writing a Behavior Change technical section of BHR/PVC’s Technical Reference Materials.
- Conducting a needs assessment of PVOs in the area of behavior change.

Mothers Reminder Materials

CHANGE is working with Project Hope (which has received funding from Glaxo-Wellcome)

and BASICS in two countries to develop locally-appropriate mothers reminder materials to trigger appropriate recognition and appropriate care-seeking for child health danger signs. CHANGE will also develop guidelines that can be used by additional countries. In October 2000, the first of three proposed field visits will be made to Nicaragua to develop a mother's material, based on local research, pretesting and documenting the process through development of a user-friendly guidelines booklet. The process will then be tested with a second country, probably in Africa, to see how well the guidelines work and how they need to be revised.

During this period, CHANGE participated in several meetings to develop the approach to the activity with Project HOPE and BASICS. The major outputs so far include: developing and signing the three-way Memorandum of Understanding (MOU), agreeing on the list of which child and neo-natal danger signs must be researched and which prevention and home care topics should be included in the material, and planning for the first field trip to Nicaragua in October with the objective of developing and planning the formative qualitative research about recognition of signs and symptoms, and the care-seeking decision-making process.

Drama Diagnosis and Dialogue ("3D") In May, 2000, CHANGE contracted consultant Jill MacDougal, a specialist in theater dynamics and theater for development, to revise the manual formerly known as "Diagnostic Role Play." In August, she submitted a first revision of the tool, now renamed "3D" or Diagnostic Drama and Discussion. Following review and a discussion with several CHANGE staff in September, Dr. MacDougal submitted a further revised version, including a more "how to" approach to CHANGE in early October. Before finalizing the tool, the project expects to "field test" with some community group in the DC area in the near future.

Network Marketing

Since 1999, CHANGE has been discussing possible collaboration with Freedom from Hunger, an international development organization working in 14 countries across the globe. Established in 1946, Freedom from Hunger brings innovative and sustainable self-help solutions to the fight against chronic hunger and poverty in fourteen countries. In 1988, Freedom from Hunger developed the world's first integrated microcredit/health and nutrition education program and has been a leader in delivering "Credit with Education," providing credit services with a 20-minute education module on Maternal and Child Health topics at weekly credit association meetings.

One common area of interest is in applying a network marketing model to a community-based distribution (CBD) program. Network marketing, best known through the Amway sales model, was identified in the CHANGE matrix of tools and approaches as a possible innovation to address distribution, supervision and incentive barriers to changing key health behaviors. When FFH secured funding to evaluate their community-based distribution of contraceptives program in Bolivia, they asked for CHANGE's participation on the evaluation team in the areas of network marketing and cost analysis.

Bolivia has been slow to adopt modern family planning products attributable to a conservative culture and the traditional teachings of the Catholic religion. These factors contribute to a reluctance to discuss family planning issues. Therefore, reproductive health sessions were designed as part of the "Credit with Education" sessions to increase knowledge about family planning and to facilitate communication.

In January 1999, CRECER started a community-based distribution (CBD) program in order to

increase access to family planning products in the community and to overcome barriers to acceptance and adoption of family planning. Because most credit associations are located in rural areas, health clinics and pharmacies can be many miles away from people's homes. Therefore, having trained community-based distributors (CBDs) available to provide information, answer questions, and provide access to the products in a discrete fashion helps to break down adoption barriers.

This reporting period, CHANGE signed a memorandum of understanding with FFH and in September 2000, CHANGE Finance and Operations Manager Joseph Diederich joined their Bolivia evaluation team to complete tasks 1, 2, and 4 of the following scope of work:

1. To evaluate the CRECER CBD project to assess the frequency, quality and costs of key program components including: educational activities, training, supervision, and others; consumer satisfaction with products and services; trajectory for self finance (years, inputs, other considerations).
2. To conduct research to find out the demand for other health products and individual's ability to pay for these goods.
3. To develop a model for future CBD projects based on data from the CRECER evaluation and other sources.
4. Assess the feasibility of expanding the CBD approach to include a wider product line distributed through network marketing.

CHANGE participation in the general project evaluation provided invaluable expertise in cost analysis of key program components, including a projected trajectory for self-finance. Next reporting period, Diederich and CHANGE Deputy Director Julia Rosenbaum will meet with the FFH evaluation team and selected others to develop a model for future CBD projects based on data from the CRECER evaluation and other sources.

Unfortunately, the evaluation concluded that network marketing will not be an option for the Bolivia credit program due to legal restrictions on the resale of donated and subsidized contraceptives and other products that would prohibit the kind of distribution and incentive system inherent to network marketing. CHANGE will continue working with FFH and possibly other implementation partners to identify a site to apply and evaluate a network marketing approach to reducing access barriers to health products.

Project Management & Staffing

In June, Anton Schneider and Susan Zimicki became CHANGE co-directors, as Dana Faulkner found it necessary to step down for health reasons. She will, however, be able to continue part-time from Connecticut. The same month, Lonna Shafritz became a Senior Program Manager, with a general portfolio. In September, Susan Maguire began working for CHANGE part-time, managing the World Summit for Children activity.

In July, Aparna Ramakrishnan left for a more senior position with the Manoff Group; Algene Sajery replaced her as Program Associate.